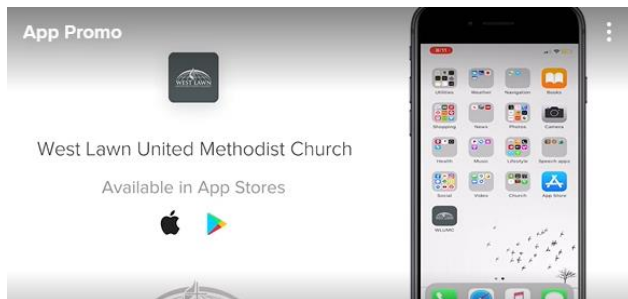




Confirmation Information Packet 2020-2021

- 1. Letter to Parents**
- 2. Schedule and Event Details**
- 3. Student & Family Information**
- 4. Medical Release Form**
- 5. General Liability Form**
- 6. COVID Liability Form**



Check out our App for all this information, and to stay in touch with our Youth Calendar, and to Register your Confirmation student digitally.

15 Woodside Avenue
West Lawn, PA 19609-1664
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Jeff Raffauf, Lead Pastor
Chris Hardy, Associate Pastor
Terry Cooney, Pastor of Visitation
Lisa Hoopes, Lay Pastor
Trisha Rabold, Youth Pastor

Dear Parents,

I am grateful for the chance to walk with your child on this significant step in their faith journey! Confirmation is an important opportunity for students to make a personal affirmation of their faith. They are saying yes to membership at West Lawn UMC, yes to membership in the United Methodist Church and most importantly they are saying yes to a lifetime of faith with Jesus! I am already looking forward with eager anticipation to seeing your kids standing in front of the church on Confirmation Sunday. It is the reason I began working with students at WLUMC!

There is a lot to be covered and accomplished between now and Confirmation Sunday. I am hopeful that this packet will help answer some questions, provide some details and serve as a guide for the remainder of the confirmation process. Our goal is to give as much information about upcoming events as possible, but as we all have learned, planning is subject to change in this post-COVID world. We are also hopeful that students and families will take seriously the events planned, and do their best to attend classes & weekend events.

Specifically there have been three retreats throughout the year that we strongly encourage attendance at. Although they will look quite different, these retreats allow for students to bond with one another, connect better with their teachers and most importantly provides extended time for meaningful conversations about their faith. We want your child to have the best opportunity to grow in their faith and these retreats play a large part in that process. Please look at the attached calendar for more details on these retreats.

Students will also have a mentor to meet with them, answer questions and provide a safe space to wrestle through the topics being covered in class. We are hopeful that these meetings will be fruitful times for the confirmands to engage with what they are learning and to solidify what they believe.

Finally I want to strongly encourage active participation in both the youth ministry and the larger church family. At the end of this process students become full members of the church family and our hope is that they actively participate and contribute to the life of the church both now and moving forward. We expect to see these students attending church and regularly attending class.

I am looking forward to everything the Lord has in store in the coming year and feel blessed to have the opportunity to work with your child this year. If you have questions or need any more info, please don't hesitate to reach out to me directly.

In Christ,
Trisha Rabold

CONFIRMATION SCHEDULE

October 4th- First Class- "At Home Retreat". 1:30-5:30pm in Community Center

In the past we have taken just WL students to Gretna Glen for a one night retreat to help them form friendship bonds and begin this faith journey. This year, we will condense those sessions, and change them up to fit into a one afternoon event. We plan to safely play games, learn about each other, and of course, have snacks! Students will not need anything for this event other than a positive attitude & a mask.

A dinner will be provided for students who stay for Youth Group after this event.

Regular Classes continue on Sunday Mornings- 9:30-10:30am in Firehouse Cafe

** First Sunday of each month is reserved for students to attend church with their family/mentor***

Date	Time	Location
Oct 11, 18, 25th	Class @ 9:30am	In Firehouse Cafe
Nov. 1st	ATTEND CHURCH	
Nov. 8, 15, 22, 29	Class @ 9:30am	In Firehouse Cafe
Dec. 6th	ATTEND CHURCH	
Dec 13, 20	Class @ 9:30am	In Firehouse Cafe
Dec 27th	No Class	
Jan 3rd	ATTEND CHURCH	
Jan 10, 17th, 24th, 31	Class @ 9:30am	In Firehouse Cafe
Feb 7th	ATTEND CHURCH	
Feb 14th, 21st	Class @ 9:30am	In Firehouse Cafe
Feb 27th & 28th	Confirmation Retreat at Pocono Plateau	NO REGULAR CLASS
March 7th	ATTEND CHURCH	
March 14, 21, 28th	Class @ 9:30am	In Firehouse Cafe
April 4th	EASTER- No class	
April 11	Class @ 9:30am	In Firehouse Cafe
April 17th & 18th	WL Youth Group Retreat	NO REGULAR CLASS
April 25th, May 2nd, May 9th	Class @ 9:30am	In Firehouse Cafe
May 16th	Confirmation Service 11am	Sanctuary

RETREATS

February Retreat- This retreat is organized Conference wide, and historically has included Confirmation students from UM churches across the Eastern PA Conference. This has been one of the most important weekends for students to think through their faith along with many others students from various churches. There is currently no direct plan on this weekend, but if we cannot safely travel to Pocono Plateau with other EPA UM Churches, as we have in the past, we will find a way to engage our WL students here, closer to home.

Stay tuned as we hope to know more solid plans by the Holiday season.

April Retreat- This retreat is a chance for the Confirmation students to engage in a faith filled weekend with the HS Youth Group. This retreat acts as a way for 8th graders to step more fully into their faith alongside those in their church. This is just WLUMC Youth, and has historically looked at how students are either confirming their faith, or affirming the vows they may have taken in years past (older HS youth). We currently are planning to go to Kenbrook Camp, just north of Lebanon PA. But these plans will probably not be solidified until January 2021.



**FIREHOUSE
YOUTH MINISTRY**



Parent and Student Information Form

Confirmation Class 2020-2021

STUDENTS NAME (*First, Middle & Last*) _____

Student's cell NUMBER _____ **Can we text you at this Number?** Yes / No

Student's email _____

HOME ADDRESS _____

SCHOOL _____ **GRADE** _____

BIRTHDAY _____ **HAVE YOU BEEN BAPTISED** _____

Mother / GUARDIAN'S NAME _____

Mother / GUARDIAN'S Address _____ (SAME AS STUDENT)

Mother / GUARDIAN PHONE NUMBER _____

Mother / GUARDIAN EMAIL ADDRESS _____

Father / GUARDIAN'S NAME _____

Father / GUARDIAN'S Address _____ (SAME AS STUDENT)

Father / GUARDIAN PHONE NUMBER _____

Father / GUARDIAN EMAIL ADDRESS _____

***** PLEASE CIRCLE THE PARENT EMAIL THAT SHOULD BE USED FOR CLASS COMMUNICATIONS*****

ADDITIONAL FAMILY MEMBERS & AGES:

Student Questionnaire:

HOW LONG HAVE YOU ATTENDED WEST LAWN UNITED METHODIST CHURCH? _____

WHAT ACTIVITIES DO YOU PARTICIPATE IN, EITHER SCHOOL RELATED OR COMMUNITY RELATED?
(Sports, Music, Drama, Etc.)

WRITE A LITTLE BIT ABOUT YOUR FAITH: (No pressure, just looking for a starting point about what you believe about God, The Bible, Church, Etc.) _____

WRITE AN INTERESTING FACT ABOUT YOU: _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Name of the Activity or Event: General WLUMC Ministry events on Campus or one-day Off campus events.
Date of Activity or Event: Covering the totality of the 2019-2020 School Year

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THESE ACTIVITIES OR EVENTS AS WELL AS TRAVEL TO AND FROM THESE EVENTS. This includes by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: West Lawn United Methodist Church, its Pastors, staff, leadership and volunteers.

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in the above paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that WLUMC is NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of WLUMC.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

<hr/> Print Participant's Name	<hr/> Age	<hr/> Signature (if under 18 years old, Parent or guardian must also sign)	<hr/> Date
<hr/> Print Participant's Parent or Guardian Name		<hr/> Signature of Parent or Guardian	<hr/> Date
<hr/> Primary Contact Number for Emergencies	<hr/> Secondary Contact Number for Emergencies		



COVID-19 CODE OF CONDUCT FOR EMPLOYEES, VOLUNTEERS, GROUP PARTICIPANTS

COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal and state health agencies recommend social distancing and practicing certain precautions.

To protect our employees, volunteers, and other individuals who utilize our facilities, all employees, volunteers and group participants are required to agree to this Code of Conduct.

Please read and initial next to each of the following statements indicating your understanding and agreement. Please direct any questions to Carolann Schneiderhan, Pastor of Administration at WLUMC.

_____ I will not enter church facilities if I have symptoms of COVID-19 or have been exposed to a known positive or presumptive case of COVID-19 within the past 14 days. Such symptoms include, but are not limited to chills, shortness of breath, dry cough, sore throat, or a fever of 100.4 degrees or higher. If I develop such symptoms, I must be symptom-free for 72 hours before returning to Church facilities.

_____ I will use hand sanitizer supplied by the church when entering the buildings.

_____ I will wear a mask while on church property when working with others and while will remain 6 feet from all other people.

_____ I will assist in the wiping down of surfaces utilized by me or my group.

_____ I will immediately notify Carolann Schneiderhan, Pastor of Administration at WLUMC, if I test positive for COVID-19, am a presumed positive, if I seek medical advice or assistance due to any of the symptoms of COVID-19 listed above, or if I develop two or more of the symptoms of COVID-19 listed above.

_____ I will immediately notify Carolann Schneiderhan, Pastor of Administration at WLUMC, if I become aware that I was exposed to someone who has tested positive for COVID-19 or is a presumed positive.

_____ I will follow all other rules and procedures adopted by the Church to prevent exposure to COVID-19 and protect the health and welfare of the Church community.

_____ I have signed an "Assumption of Risk and Waiver of Liability Relating to Coronavirus/ COVID-19" Form (Exhibit A).

I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by the Church may result in my termination of employment or my loss of volunteer privileges.

Print Name: _____

Signature: _____

Date: _____

Signature of Church Staff Witness: _____

Print Witness Name: _____

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO COVID-19

West Lawn United Methodist Church has put in place preventative measures to reduce the spread of COVID-19; however, **WLUMC cannot guarantee** that you or your child(ren) will not become infected with COVID-19 while present in our facilities. Further, your and your children’s presence in church facilities **could increase your risk and your child(ren)’s risk of contracting COVID-19.**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by being present in church facilities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Church may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Church employees, volunteers, members, attendees and others present in Church facilities.

IN CONSIDERATION FOR BEING PERMITTED TO USE CHURCH FACILITIES, I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY CHILD(REN) OR MYSELF (INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY, AND DEATH), ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I OR MY CHILD(REN) MAY EXPERIENCE OR INCUR IN CONNECTION WITH OUR PRESENCE IN CHURCH FACILITIES (“CLAIMS”). ON MY BEHALF, AND ON BEHALF OF MY CHILDREN, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS THE CHURCH, ITS EMPLOYEES, TRUSTEES, VOLUNTEERS, MEMBERS AGENTS, AND REPRESENTATIVES, OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING THERETO. I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE CHURCH ITS EMPLOYEES, TRUSTEES, VOLUNTEERS, MEMBERS AGENTS, AND REPRESENTATIVES, WHETHER A COVID-19 INFECTION OCCURS BEFORE, DURING, OR AFTER OUR PRESENCE IN CHURCH FACILITIES.

List the names and ages of all children (if any) covered by this Waiver:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

If I have listed any children above, I certify that I am the legal parent or guardian of such children and have the legal authority to sign this document on my child’s behalf.

Signature #1: _____ Print Name _____

Date: _____

Signature #2: _____ Print Name _____

Date: _____

Witness Signature: _____ Print Name of Witness: _____